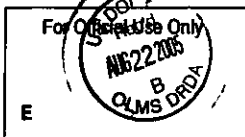


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>10814</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Kenneth</u> <u>E</u> <u>Munz</u> P O Box, Bldg, Room No, if any <u>Suite 2500</u> Street <u>111 East Wacker</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60601</u>	4 Name, file number, and address of labor organization Name <u>SEIU Local 1</u> Labor Organization File Number <u>023715</u> P O Box, Building and Room Number, if any <u>Suite 2500</u> Street <u>111 East Wacker</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60601</u>
5 Position in labor organization <u>Assistant to the President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg, Room No, if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction, or Income _____  7 b Amount _____

Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

On

8/15/05  
Date

(312) 233-8724

Telephone Number

Name of Person Filing Kenneth Munz	File Number U-
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<b>8 Name and address of Business (including trade name, if any)</b> Name Sommers and Fahrenbach Trade Name, if any P O Box, Bldg, Room No, if any Street 3301 West Belmont City Chicago State Illinois ZIP Code + 4 60618	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	<b>11 a Nature of such dealing</b> Christmas gift - handheld rug shampooer <b>11 b Approximate dollar value of such dealing</b> \$45 <b>12 a Nature of interest held or income received</b> <b>12 b Amount</b>

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b> Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	<b>14 a Nature of payment</b> <b>14 b Amount of payment</b>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	

Name of Person Filing Kenneth Munz

File Number U-

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name, if any)

Name Sommers and Fahrenbach

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 3301 West Belmont

City Chicago

State Illinois ZIP Code + 4 60618

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State ZIP Code + 4

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 11 a Nature of such dealing

Round of Golf - Course 2 at Cog Hill Golf Club

## 11 b Approximate dollar value of such dealing

\$75

## 12 a Nature of interest held or income received

## 12 b Amount

Name of Person Filing Kenneth Munz

File Number U-

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name, if any)</b> Name <u>Associated Third Party Administrator</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any <u>Suite 2000</u> Street <u>30 N LaSalle</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60602</u>	<b>9 Business deals with</b> <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name <u>SEIU Local 1 Health Fund</u> Trade Name, if any _____ P O Box, Bldg, Room No, if any <u>Suite 2000</u> Street <u>30 N LaSalle</u> City <u>Chicago</u> State <u>Illinois</u> ZIP Code + 4 <u>60602</u>	<b>11 a Nature of such dealing</b> <u>2 Rounds of Golf - Riverside Country Club</u> <u>4/23/04</u> <u>9/03/04</u> <b>11 b Approximate dollar value of such dealing</b> <u>\$220</u> <b>12 a Nature of interest held or income received</b>  <b>12 b Amount</b>